FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096126 (3)

OFFICE RELIEF TWO, INC.

SIGNATURE

Principal Plac	e of Business	Mailing Address				i tetribat tib tatik attit dant datte batte saten gaten jagen beide teden umen aus gan.				
800 N MAGNOLIA AVE, SUITE 209 ORLANDO FL 32803		800 N MAGNOLIA AVE. SUITE 209 ORLANDO FL 32803-3260								
						3. Date Incorporated or Qualified 11/20/1996	3a. Date o	of Last Re	eport	
2. Princ-pal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				
21		26	26			59-34/303/ Not Applicable				
Suite Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8. 75 A Fee Re	Additional quired	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00 May Be		
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added t		
Zφ	Country	L L		ountry		8. This corporation has liability for			199.032,	
24	25	[29]	30			Florida Statutes 10. Name and Address of New Re	Yes 🔲 N			
	9, Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Ne	Gistalen WA	411		
	SEN, RICHARD			"	INATITE					
800 N MAGNOLIA AVE, SUITE 209 ORLANDO FL 32803				82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				B4	City	· · · · · · · · · · · · · · · · · · ·	FL ⁽	35 Zip (Code	
olfico ou i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authoriz	ed by	z the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of ch pt the appoin	anging it Iment as	s registered registered	
SIGNATORE	Styrodore, typical or prieted name of negrosserid ag				ent signature rec	quired when reinstating)	DATE	or or or		
12.	OFFICERS AND DIRECTORS		13			ADDITIONS/CHANGES TO OFFI		Change	Addition	
THLE	D L_I DÉLETE			TITLE			<u>-</u>	Leuwinge	LJ Addition	
NAME	800 N MAGNOLIA AVE, SUITE	900	- 1	NAME	LADDOCCO					
STREET ADDRESS	ORLANDO FL 32803	LUU			ADDRESS					
CITY-ST-7:P DILE	D DELETE			1.4 C/TY-ST-ZIP 2 1 TITLE				Change	Addition	
NAME	BUFFALO, BRYAN			22 NAME						
STREET ADDRESS	800 N MAGNOLIA AVE, SUITE	209	23 STREET AD		CADDRESS					
CITY - ST - ZIP	ORLANDO FL 32803				ST-ZIP					
THE	D DELETE			3 1 TITLE				Change	Addition	
NAME	WAGNER, RICHARD		32	3 2 NAME						
STREET ADDRESS	DRESS 800 N MAGNOLIA AVE, SUITE 209			3.3 STREET ADDRESS						
City - \$1 - ZiP	ORLANDO FL 32803		3.4	CITY-	ST-ZIP					
THE		☐ DELETE	4.1	TITLE			L] Change	Addition	
NAME			4. 3	2 NAME						
STREET ADDRESS			4.3	STREE	T ADDRESS					
CHY-ST-ZIP				CHY~	ST-ZIP			1	1 1 1 1 1 1 1 1 1	
FIRE		DELETE		TIFLE				Change	Addition	
NAME				NAME						
STREET ADDRESS					T ADDRESS					
CDY+S1+ZiP	DELETE			5.4 CITY - ST - ZIP				Change	Addition	
TITLE		DELETE		TITLE			L	j ondrigo	Last Addition	
NAME			. H	NAME						
STREET ACORESS			63	STREE	t address					

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the temporary of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name